

FILED VS NOV 3 0 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-042766

Registration District No. 200

Primary Registration District No. 3041

STATE FILE NUMBER

Registrar's No. 182

1. PLACE OF DEATH COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Chariton</u>			
CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>New Cambria Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gamaritan Hosp</u>		Length of stay in lb <u>10 hrs</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>Arthur</u> Middle <u>J.</u> Last <u>Bocke</u>				4. DATE OF DEATH Month <u>9</u> Day <u>21</u> Year <u>60</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2-14-1911</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		IF UNDER 24 HRS Hours <u></u> Min. <u></u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Chariton, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. MOTHER'S MAIDEN NAME <u>Rose Fessler</u>			
14. NAME OF HUSBAND OR WIFE <u>Henry Bocke</u>				15. DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>141.9</u>				17. INFORMANT <u>Raymond Boeck new Cambria mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of tongue, far advanced</u> DUE TO (c) <u>141.9</u> INTERVAL BETWEEN ONSET AND DEATH <u>one day</u> <u>3 years</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>				21. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>			
22. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>			
24. CITY, TOWN, OR LOCATION <u>Macon, Missouri</u>				25. COUNTY <u>Wen. Mo</u>			
26. STATE <u>Missouri</u>				27. DATE RECD. BY LOCAL REG. <u>11-22-60</u>			
28. REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>				29. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
30. DATE <u>9-23-60</u>				31. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>			
32. LOCATION (City, town, or county) (State) <u>Wen. Mo</u>				33. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
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294. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				295. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
296. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				297. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
298. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				299. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
300. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				301. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
302. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				303. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
304. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				305. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
306. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				307. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
308. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				309. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
310. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				311. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
312. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>				313. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>			
314. JUDICIAL, CREMATION, REMOVAL (Specify) <u>3</u>							

MS NOV 3 0 1961
VS JAN 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer-

Signed

Gerald T. M.

Licensed Embalmer No. *41*.....

P. O. Address *Brown*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.